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FACSIMILE TRANSMISSION COVER SHEET

Date: August 6, 2004

To: United States Patent and Trademark Office
Examiner: Lourdes C. Cruz; Art Unit: 2827

Fax: (703) 872-9306

Re: **Application Serial No.: 09/713,834**
Filing Date: 11/15/2000; First Named Inventor: Hassan S. Hashemi
Attorney Docket No.: 00CON159P-C1

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 11

Message:

Enclosed please find the Amendment and Response to the Final Office Action dated May 19, 2004.

Thank you.

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Attorney Docket No.: 00CON159P-C1

AMENDMENT COVER SHEETIN RE APPLICATION OF: Hashemi, Hassan S.SERIAL NO.: 09/713,834 FILED: November 15, 2000FOR: Leadless Chip Carrier Design and Structure

Mail Stop AF
HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	25	MINUS **25	* = 0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

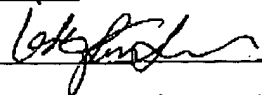
*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 00CON159P-C1

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 8/6/04By: 
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Date 8/6/2004Signature Name of Person Performing Facsimile Transmission LESLEY L. LAM

Michael Farjami, Esq.
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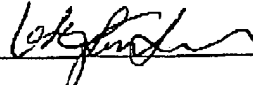
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For: **Leadless Chip Carrier Design and
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Art Unit: 2827

Examiner: Cruz, Lourdes C.

AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

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Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Final Office Action* dated May 19, 2004 in the above-referenced patent application. Please enter and consider the following remarks.